

STATE MS.-DE SOTO CO.
FILED

SEP 17 12 41 PM '01

BK 399 PG 517
W.I. 101 K.

Prepared by and return to:
Sparkman-Zummach, P.C.
Attorneys at Law
Post Office Box 266
Southaven, MS 38671-0266
662 349-6900

Clara A. Crumpton, A Widow Person,

GRANTOR

to:

QUITCLAIM DEED

No Title Work Requested of,
Nor Performed By The
Preparer Of This Instrument

Clara A. Crumpton, Et Al,

GRANTEES.

FOR AND IN CONSIDERATION of the sum of Ten and No/100 Dollars (\$10.00), cash in hand paid and other good and valuable considerations, the receipt of all which is hereby acknowledged, Grantor Clara A. Crumpton, does hereby convey, transfer, remise, release, relinquish and quitclaim unto Grantee's Clara A. Crumpton, a widow person, Marvin E. Petty, Janice M. Arceo, Don L. Petty, and Jacqueline R. Crunk, as joint tenants with full right of survivorship and not as tenants in common, Grantee's heirs and assigns, all of Grantor's right, title and interest in and to real property lying and being situated in DeSoto County, Mississippi, being more particularly described as follows, to wit:

Lot 1607, Section II, Greenbrook Subdivision, in Section 30, Township 1 South, Range 7 West, DeSoto County, Mississippi as per plat thereof recorded in Plat Book 11, Pages 21 and 22 in the office of the Chancery Clerk of DeSoto County, Mississippi.

The above described property is improved property.

By way of explanation, Grantor's lawful spouse, Charles F. Crumpton, departed this life on April 6, 2001, while adult resident citizen of DeSoto County, Mississippi, as evidenced by the attached Death Certificate.

Source of Grantor's equitable interest is a Warranty Deed recorded in Book 230, Page 600 in the office of the Chancery Court Clerk of DeSoto County, Mississippi.

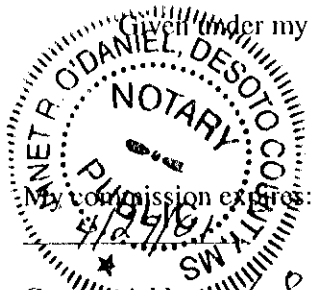
IN WITNESS WHEREOF, Grantor has caused this instrument to be executed on the 22nd day of August, 2001.

Clara A. Crumpton
CLARA A. CRUMPTON

State of Mississippi
County of DeSoto

PERSONALLY appeared before me, the undersigned authority in and for the State and County aforesaid, the within named Clara A. Crumpton, who acknowledge that she executed and delivered the above and foregoing Quitclaim Deed on the day and year therein mentioned as her free and voluntary act and deed and for the purposes therein expressed.

Given under my hand and official seal of office, this the 22nd of August, 2001.



Janet R. O'Daniel
Notary Public

Grantor Address: 682 White Oak - Southaven, MS 38671
Grantor Telephone Number: Home- 662-342-0132 Work- NA
Grantee Address: 682 White Oak - Southaven, MS 38671
Grantee Telephone Number: Home- 662-342-0132 Work- NA



MISSISSIPPI STATE DEPARTMENT OF HEALTH
VITAL RECORDS

BK0399PG0518

TYPE OR PRINT
WITH BLACK INK

FILING
DATE MAY 07 2001

CERTIFICATE OF DEATH
STATE OF MISSISSIPPI

STATE FILE
NUMBER 123-01-007295

DECEASED

1. NAME First Middle Last CHARLES F. CRUMPTON			2 SEX MALE		3a HOUR OF DEATH 2:45 A.m		3b DATE OF DEATH (Month, Day, Year) APRIL 06, 2001													
4 RACE (Specify White, Black, American Indian, etc.) WHITE		5a AGE AT LAST BIRTHDAY 82 Years		5b MOS ONLY IF UNDER 1 YEAR ONLY IF UNDER 1 DAY		5c DAYS ONLY IF UNDER 1 YEAR ONLY IF UNDER 1 DAY		5d HOURS ONLY IF UNDER 1 YEAR ONLY IF UNDER 1 DAY		5e MINS ONLY IF UNDER 1 YEAR ONLY IF UNDER 1 DAY		6 DATE OF BIRTH (Month, Day, Year) JUNE 7, 1918		7a COUNTY OF DEATH DESOTO						
7b CITY OR TOWN OF DEATH SOUTHAVEN			7c HOSPITAL OR OTHER INSTITUTION NAME AND NUMBER (If not in either give street address, route number or other location) BAPTIST HOSPITAL-DESOTO 17B						7d IF IN HOSP. OR INST. SPECIFY INPT. OUTPT. EMER. RM OR DOA INPT.			8 STATE OF BIRTH MS								
9 DECEDENT'S EDUCATION (Specify only highest grade completed) 7			10 MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify) MARRIED		11 SURVIVING SPOUSE (If wife, give maiden name) CLARA AMERSON			12 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) YES			13 ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) AMERICAN			14 SOCIAL SECURITY NUMBER 414-26-7640						
15a USUAL OCCUPATION (Kind of work done, most of working life) TRUCK DRIVER			15b KIND OF BUSINESS OR INDUSTRY SHELBY CO. ROAD DEPT.			16a RESIDENCE--STATE MS			16b COUNTY DESOTO			16c CITY OR TOWN SOUTHAVEN			16d INSIDE CITY LIMITS (Specify Yes or No) YES			16e STREET AND NUMBER OR RURAL LOCATION 682 WHITE ASH		

PARENTS

17 FATHER--NAME First Middle Last FLETCHER CRUMPTON			18 MOTHER--NAME First Middle Maiden SAMANTHA SMITH		
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INFORMANT

19a INFORMANT--NAME (Type or print) CLARA CRUMPTON			19b MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 682 WHITE ASH, SOUTHAVEN, MS 38671		
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DISPOSITION

20a BURIAL, CREMATION, ETC. (Specify) BURIAL		20b CEMETERY, CREMATORY--NAME FOREST HILL SOUTH		20c LOCATION (City and State) MEMPHIS, TN		21a EMBALMER--SIGNATURE AND NUMBER ROY BLAYLOCK 3586	
21b FUNERAL HOME--NAME AND MISSISSIPPI I.D. NUMBER FOREST HILL SOUTH 920				21c MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 2545 E. HOLMES ROAD, MEMPHIS, TN 38118			

PRONOUNCEMENT

22a PERSON WHO PRONOUNCED DEATH--NAME AND TITLE (Type or print) MICHAEL RALSTON, M.D.			22b PRONOUNCED DEAD (Month, Day, Year) ON APRIL 06, 2001			22c PRONOUNCED DEAD (Hour) AT 2:45 A.m		
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CERTIFIER

23a CERTIFIER--NAME (Type or print) TODD EDWARDS, M.D.			23b MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 7603 SOUTHCREST PKWY#205, SOUTHAVEN, MS38671		
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Mississippi State Board of Health
Form No. 511
Revised 1-1-89

24a. To the best of my knowledge and belief, death occurred due to the cause(s) and manner as stated. SIGNATURE <i>Todd Edwards</i>		24b. DATE SIGNED (Month, Day, Year) APRIL 30, 2001		24c. STATE LICENSE NUMBER 13482		24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)	
24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE <i>Judy Moulder</i>		24f. DATE SIGNED (Month, Day, Year)		24g. TITLE		24h. DATE SIGNED (Month, Day, Year)	

CAUSE OF DEATH

25 PART I: IMMEDIATE CAUSE (Enter one cause only) (a) CRADIC ARREST		Interval between onset and death	
(b) ACUTE MYOCARDIAL INFARCTION		Interval between onset and death	
(c) CORONARY ARTERY DISEASE		Interval between onset and death	

Had Decedent been Pregnant Within 90 Days Prior to Death?
☐ Yes ☐ No

26 PART II: OTHER SIGNIFICANT CONDITIONS--Conditions contributing to death but not resulting in the underlying cause given in PART I				27. AUTOPSY (Yes or No)		28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No)	
29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)		29b. DATE OF INJURY (Month, Day, Year)		29c. HOUR OF INJURY		29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED	
29e. INJURY AT WORK (Yes or No)		29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)		29g. LOCATION		Street or route number City or town State	

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

F. E. Thompson Jr. MD
F. E. Thompson, Jr., M.D., M.P.H.
STATE HEALTH OFFICER

Judy Moulder
Judy Moulder
STATE REGISTRAR

AUG - 6 2001

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